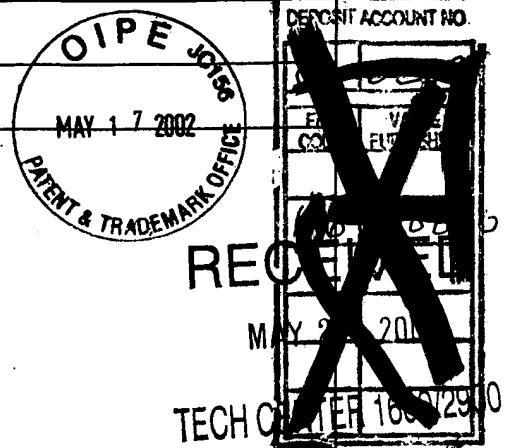


FEE AUTHORIZATION/AMENDMENT TRANSMITTAL LETTER

Serial No.	Filing Date	Examiner	Group Art Unit	REF VALUE ACQ/STABILITY
09/728,420	November 28, 2000	Roark, Jessica H.	1644	DEPOSIT ACCOUNT NO. 01-0519
In Re Application of Yoshinaga et al.				
For Novel Polypeptides Involved in Immune Response				
TO THE ASSISTANT COMMISSIONER FOR PATENTS:				
<input checked="" type="checkbox"/> Applicant(s) request(s) the following extension of time under 37 CFR 1.136(a):				
<input type="checkbox"/> One month of original due date (\$110.00) <input checked="" type="checkbox"/> Two months of original due date (\$400.00) <input type="checkbox"/> Three months of original due date (\$920.00) <input type="checkbox"/> Four months of original due date (\$1,440.00) <input type="checkbox"/> Five months of original due date (\$1,960.00)				
<input checked="" type="checkbox"/> A response in connection with the matter for which this extension is requested: <input checked="" type="checkbox"/> is filed herewith. <input type="checkbox"/> has been filed. <input type="checkbox"/> The response is the filing of a continuing prosecution application, the prior application having an express abandonment conditioned on the granting of a filing date to the continuing application.				
<input checked="" type="checkbox"/> The accompanying papers include amended claims for which no additional fee is required. <input type="checkbox"/> The accompanying papers include amended claims the fee for which has been calculated as follows:				



CLAIMS AS AMENDED

(1)	(2) Claims remaining After amendment	(3)	(4) Highest number Previously paid for	(5) No. of Extra claims present	(6) Rate	(7) Additional Fee
Total Claims	*	Minus	** =	0	x \$18	= \$ 0.00
Indep. Claims	*	Minus	*** =	0	x \$84	= 0.00
<input type="checkbox"/> First Appearance of a multiple dependent claim						
Total Additional Fee for this Amendment						\$0.00

- * If the entry in column 2 is less than the entry in column 4, write "0" in column 5.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col 1. of a prior amendment or the number of claims originally filed.

- The following other fees are incurred by the accompanying papers.

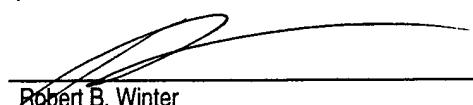
- Other: _____

Please charge Deposit Account No. 01-0519 in the name of Amgen Inc. in the amount of \$ 400.00. A duplicate copy of this petition is attached.

- If an additional extension of time is required, please consider this a request therefore.
- The Commissioner is hereby authorized to charge any additional fees which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 01-0519.

Please Send Future Correspondence To:

US Patent Operations/RBW
Dept. 4300, M/S 27-4-A
AMGEN INC.
One Amgen Center Drive
Thousand Oaks, California 91320-1799


Robert B. Winter
Attorney/Agent for Applicant(s)
Registration No.:34,458
Phone: (805) 447-2425
Date: May 17, 2002

06/06/2002 GDUCKETT 0000005 010519 09728420

EXPRESS MAIL CERTIFICATE

01 FC:116

400.00 CH
Express Mail mail labeling number:

EL360694002US

Date of
Deposit:

May 17, 2002

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on the date indicated above and is addressed to the Assistant Commissioner for Patents, Washington, DC 20231.

Lynne Buchsbaum
Printed Name


Signature